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Strengthening Family Planning Project

تعزيز تنظيم الأسرة

Annual Report

October 1, 2011–September 30, 2012

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Abbreviations

BCC.....	Behavior Change Communication
BOD	Board of Directors
BSP	Bayer Schering Pharma
CBO	Community-Based Organization
CCA	Circassian Charity Association
CHW	Community Health Worker
CMIS.....	Clinic Management Information System
COC	Combined Oral Contraceptive
CPR.....	Contraceptive Prevalence Rate
CYP.....	Couple Years of Protection
DPMA.....	Depot Medroxyprogesterone Acetate
ECCD.....	Early Childhood Care and Development
ECP	Emergency Contraceptive Pills
EBM.....	Evidence Based Medicine
ERP	Enterprise Resource Planning
FP	Family Planning
GOJ	Government of Jordan
GP	General Practitioner
GUVS.....	General Union of Voluntary Societies
HMIS	Health Management Information System
HPC.....	Higher Population Council
HQ.....	Headquarters
HR.....	Human Resources
HRH.....	Human Resources for Health
HSSII.....	Health Systems Strengthening II project
IEC	Information, Education and Communication
IUD	Intrauterine Device
IUCD.....	Intrauterine Contraceptive Device
JAFPP	Jordan Association of Family Planning and Protection
JHCP	Jordan Health Communication Partnership
JICA	Japan International Cooperation Agency
JPA.....	Jordan Pharmacists Association
MWRA.....	Married Women of Reproductive Age
M&E	Monitoring & Evaluation
MoF.....	Ministry of Finance
MoH.....	Ministry of Health
MoPIC.....	Ministry of Planning and International Cooperation
MoSD.....	Ministry of Social Development
NGO.....	Non-Governmental Organization
NWD.....	Network Doctor
OB/Gyn.....	Obstetric/Gynecologist
OCP.....	Oral Contraceptive Pill
OJT.....	On-the-Job Training
USAID/PFH...	USAID Population and Family Health Team
PMP.....	Performance Monitoring Plan
POP	Progestin Only Pills
PR.....	Public Relations
PSP.....	Private Sector Project for Women's Health
QA.....	Quality Assurance

RH.....Reproductive Health
SHOPSStrengthening Health Outcomes through the Private Sector
SMS.....Short Message Service
STTA.....Short Term Technical Assistance
SWOTStrengths, Weaknesses, Opportunities and Threats
TATechnical Assistance
TFRTotal Fertility Rate
ToT.....Training of Trainers
UNRWAUnited Nations Relief and Works Agency for Palestinian Refugees

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Executive Summary

Background

Under the Strengthening Health Outcomes through the Private Sector (SHOPS) Leader with Associates (LWA) Cooperative Agreement, USAID/Jordan issued an Associate Award to Abt Associates for a five-year program called “Strengthening Family Planning” or in Arabic, *Ta’ziz Tanzim Al Usra* (in short, *Ta’ziz*).

The goal of this project is to expand the access, quality and utilization of family planning services through engagement with the private, non-governmental sector in Jordan. The program will contribute to increased availability and use of modern contraceptive methods, a reduction in the current high rates of discontinuation and a reduction in unmet need. The project will realize these goals by working with the private sector, collaborating with both for-profit and non-profit non-governmental organizations. The project has three primary result areas:

- A. Strengthened management and governance systems and increased financial sustainability at the Jordan Association for Family Planning and Protection (JAFPP)
- B. Increased access to and quality of private sector family planning services
- C. Increased demand for family planning products and services in the total market

This report conveys the results of the second full year of program implementation from October 1, 2011 to September 30, 2012.

Major activities in year 2

During year 2 of the project, the team built on the solid foundation of assessments and research conducted during year 1 to introduce interventions at the systems level to assure comprehensive effectiveness and sustainability.

At JAFPP, the project’s emphasis was on introducing governance and management systems that will serve the Association for decades to come. These systems included human resource policies and procedures, management practices, data for decision-making (dashboards), and clinic management procedures. JAFPP clinics saw a dramatic increase in supportive supervision visits using objective supervision instruments to provide clinical quality assurance and feedback. The project supported infrastructure improvements at JAFPP through clinic purchases, clinic renovations, and clinic equipment purchases. In year 2, the project scaled up its comprehensive clinical training program to include new topics and train not only JAFPP medical staff, but also clinicians from UNRWA, the private network doctors, pharmacists, and community health workers. This year the project also focused on building the management capacity of the JAFPP board of directors and executive staff, giving them the skills and confidence needed to implement new systems. With the opening of newly renovated and equipped clinics, project efforts increased in helping JAFPP market its clinics to build demand. Improved marketing capacity at JAFPP has been a major success of year 2. The project conducted a broad range of demand generation activities. *Ta’ziz* implemented the first phase of a comprehensive social marketing campaign to promote the use of oral contraceptive pills, which generated good results. It also launched aggressive community marketing efforts for newly renovated JAFPP clinics. Finally, the community outreach program that *Ta’ziz* took over from PSP surpassed most of its targets.

Key milestones achieved in year 2

A. Strengthened management and governance systems and increased financial sustainability at JAFPP

- JAFPP staff in four clinics in quarter 3 and six clinics in quarter 4 received performance bonuses
- Helped JAFPP calculate and introduce the first price increase in 10 years
- Achieved 80% compliance with human resources (HR) procedures at JAFPP (60% target for this year)
- Helped JAFPP increase revenues by 30%
- Agreed with JAFPP to set 35 clients/day as a productivity target for clinics (45 for two doctors)¹
- Introduced appointment system at two pilot clinics, for scale-up in year 3

B. Increased access to and quality of private sector family planning services

- Supportive supervision visits at JAFPP increased dramatically, using the international standard quality monitoring methodology and scoring system
- Piloted an automated mobile phone client satisfaction survey, ready for full implementation in year 3
- In collaboration with Health Care Accreditation Council (HCAC) and the Jordan Health Accreditation Project (JHAP), supported accreditation preparedness activities at JAFPP Sport City clinic, including medical waste management
- Finalized clinic management guidelines
- Developed critically appraised topics (CATs) on DMPA and IUDs, and reviewed and updating CATs on oral contraceptive pills through the Jordan Evidence-Based Medicine/Reproductive Health (JEBM/RH) Group.
- Conducted 1,200 academic detailing visits to doctors
- Added 50 doctors to the private doctors' network
- Developed quality improvement program for NWD FP services including service monitoring methodology and action plan
- Procured 11 clinic properties and renovated 4 clinics

C. Increased demand for family planning products and services in the total market

- Kicked off the JAFPP clinic marketing plan with two family fairs to promote the newly renovated JAFPP Aqaba and Irbid South clinics
- Facilitated the grand reopening of the Sport City clinic under the patronage of the MoSD and USAID
- Implemented first phase of comprehensive social marketing campaign for OCPs:
 - 42 newspaper ads in Al Rai, Dustour, Al Arab Yawm, Al Ghad, and Al Waseet
 - Five monthly magazine ads in Layalina, Green Apple, Sharqyat, Anty, Nukhat 3a'ilyeh
 - 558 TV spots on Jordan TV and Fact Jo TV
 - 1,038 radio spots on Mazaj, Rotana, Amman FM, Radio Al Balad, Farah Al Nas, Ayyam FM, Sawt El Ghad FM, Hayat FM, and Hala FM stations

¹ This is not an FP acceptor target.

- Public relations
- Pharmacy merchandising
- Public outreach
- Formed corporate partnerships with Johnson & Johnson (J&J), Pharmacy 1, and Nuqul Group (Nana® hygiene) that provided support for the OCP campaign public outreach activities (consumer gift donations)
- Introduced a “contraceptive choice” coupon system pilot test in two governorates
- Conducted FP information dissemination and counseling to 181,441 women in their homes through community outreach

Publications/Products Produced

A. Strengthened management and governance systems and increased financial sustainability at JAFPP

- JAFPP clinics process flow reengineering
- JAFPP maintenance management system manual
- JAFPP clinics management manual
- JAFPP financial sustainability study
- Feasibility study for new services and products for the Jordan Association for Family Planning and Protection (JAFPP)
- JAFPP investment plan
- Zarqa building business plan
- Aqaba building business plan
- King Abdullah II Award for Excellence upgrading plan
- King Abdullah II Award for Excellence compliance report
- Dr. Carlos Cuellar, trip report, technical assistance for the strengthening of JAFPP management and governance systems program component

B. Increased access to and quality of private sector family planning services

- Oral contraceptive pills training module
- Reproductive tract infections (RTIs) training module
- Intrauterine device (IUD) training module
- General principals of family planning counseling and management of contraceptive side effects training module
- DMPA (depot medroxyprogesterone acetate) training module
- Implanon® training module for doctors
- Implanon® counseling for nurses and social workers
- Clinic management guidelines
- JAFPP medical waste management system guidelines
- Performance checklists for quality improvement/assurance
- Critically appraised topics: 28 for IUDs and 14 updates for COCs

C. Increased demand for family planning products and services in the total market

- JAFPP clinic marketing plans (5)
- JAFPP institutional positioning and PR strategy
- OCP campaign phase 1 first wave monthly recall survey (April 2012)
- OCP campaign phase 1 second wave monthly recall survey (June 2012)

- OCP campaign phase 1 tracking survey (September 2012)
- Media training manual
- OCP lecture module for public outreach
- Voucher redemption analysis
- Private Health Insurance Coverage of Contraception

A. Strengthened management and governance systems and increased financial sustainability at JAFPP

Major activities in year 2

- Introduced performance targets and clinic performance monitoring “dashboards” at JAFPP
- Developed a maintenance and facility management system with JAFPP
- Developed a standard process flow, time standards, and appointment system for JAFPP clinics
- Commenced a formal change management program led by JAFPP
- Implemented the clinic performance bonus plan
- Implemented a post allowance for female doctors in clinics outside of Amman
- Facilitated the start of JAFPP’s effort to win the King Abdullah II Award for Excellence
- Introduced a financial sustainability study
- Conducted feasibility studies for introducing new services at JAFPP clinics
- Developed an investment plan for JAFPP reserve funds to optimize returns
- Developed business plans for the Aqaba and Zarqa buildings to provide market intelligence and a roadmap for optimizing returns on rental space in the two properties

Key milestones achieved in year 2

- JAFPP staff in four clinics in quarter 3 and six clinics in quarter 4 received performance bonuses
- Helped JAFPP calculate and introduce the first price increase in 10 years
- Achieved 80% compliance with human resources (HR) procedures at JAFPP (60% target for this year)
- Helped JAFPP increase revenues by 30%
- Agreed with JAFPP to set 35 clients/day as a productivity target for clinics (45 for two doctors)²
- Introduced appointment system at two pilot clinics, for scale-up in year 3

Progress

In year 2, the project focused on sustaining the foundation of governance and management systems introduced in year 1 by starting implementation of a formal change management program led by JAFPP. The program is concentrating on instituting change as reflected through new human resource management (HRM) procedures, a new organizational structure and job descriptions, a new organizational performance management system (“dashboards”),

² This is not an FP acceptor target.

and supervision visits to clinics to monitor performance and adherence to quality standards. The expected outcome of the change management program is demonstrable improvement in JAFPP's overall performance that befits its role as Jordan's leading non-governmental organization providing family planning and reproductive health services.

During this year, the project continued expanding and institutionalizing use of improved symptoms through staff capacity building and continued refinements of processes. The project supported reengineering of clinic process flows, developed an appointment system, introduced clinic key performance indicators (KPIs), and developed a maintenance management system.

The project also continued supporting JAFPP human resources management. In this year, the project introduced and facilitated the implementation of a clinics bonus system and a 400 JD/month post allowance for physicians working in remote, non-Amman areas to improve attraction and retention of female doctors in these areas. The project also assisted JAFPP in gaining the Ministry of Labor's endorsement of the new HR policy manual, an important milestone in strengthening JAFPP's management systems.

A comprehensive training plan was also developed to strengthen headquarters (HQ) staff, clinic managers, and clinic staff capacity. The plan was derived from the training needs assessment conducted in Year 1 as well as additional training needs which emerged after starting the implementation of new JAFPP management and HR procedures. Focus of training in this year was clinic-based on-the-job training (OJT) and coaching.

The project assessed JAFPP's governance practices, management systems and membership development function. The assessment found compliance with the delegation of authorities chart (DOA), and substantial improvement in governance and achievement of milestones. The assessment also found membership development as an area that needs JAFPP attention.

The project supported JAFPP's application for the King Abdullah II Award for Excellence, a quality excellence award for NGOs that will create an incentive for JAFPP to continue and sustain improvements in the areas of governance and management. JAFPP's report on compliance with the *Mark of Best Practices*—phase one of the multi-phased Award for Excellence—is ready for submission and an action plan to fill the identified gaps is in process.

The project undertook several important studies in 2011 to address JAFPP's financial sustainability. This work explored how to advance revenue generation from rental space at the Aqaba and Zarqa clinic properties, assessed the viability of diversifying JAFPP's products and services, and examined JAFPP's use of its reserve fund. A remarkable achievement during the year was the approval of a new price list for all JAFPP services for the period 2012–2015. The upward price adjustments ranged from a 50% increase for some procedures to a doubling of prices for lab services, all starting in 2012. Afterwards, there will be an annual increase of around one JD for most procedures and services. The new price list is aligned with the financial sustainability plan that calls for JAFPP to reach the breakeven point by the end of 2015. The new price list still renders JAFPP prices less than half of its main competition—the private, for-profit sector.



A.1. Management and governance strengthening

Change management program

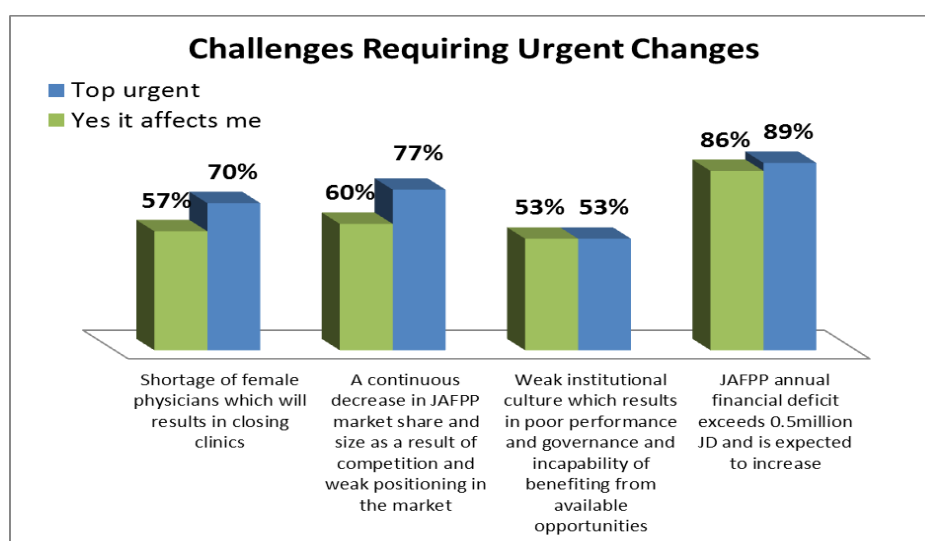
Ta'ziz has designed and JAFPP is leading a change management program that introduced a systematic and well-planned roadmap for implementing and sustaining new practices, tools, and systems developed and adopted during Years 1 and 2 of the project. The change management program kicked off with the first-ever all-hands meeting for the Association. The change management program includes:

- Forming and facilitating the work of a change management task force that is leading the process of change from within JAFPP
- Internal communications and events to create awareness, consensus and commitment to change
- Implementation plans with specific milestones for each of the updated and newly introduced systems in the areas of HR and organizational performance management
- Coaching, mentoring, and on-the-job training at all levels of the institution to provide knowledge, skills, and confidence required to manage and apply the changes

In the context of creating awareness of the urgency to change, the project facilitated a successful retreat for all JAFPP staff to kick off the change management program and to reveal the new organizational structure, information on updated roles and responsibilities, and the revised HR policy and procedures manual. An important outcome of this retreat was the consensus among all staff that the challenges that JAFPP is facing with respect to its financial sustainability, weak governance and organizational culture, shortage of female physicians, and JAFPP's weak positioning in the market affect each individual in the Association and his/her career with the organization. By the end of the workshop, consensus was reached that all employees share responsibility to contribute to the improvement process that will help assure the future of the Association and their jobs.



The chart below shows the results of the “necessity for change” survey that was part of creating awareness and commitment towards change.



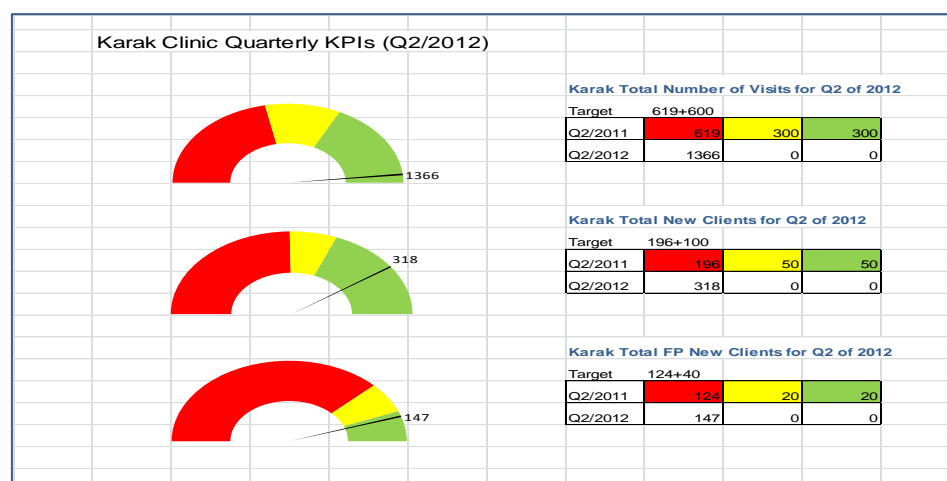
The project has also supported forming and training a change management task force that represents the various management levels at the Association. The project, executive director, and board president selected task force members who would form a powerful group guiding the change—one with leadership skills, bias for action, credibility, communication ability, authority, and analytical skills. The project provided the task force with an overview of change management training.

The task force developed and disseminated an interactive monthly newsletter and established direct communication channels with all staff to help management identify and tackle staff issues and concerns, determine corrective actions, and implement them. The task force identified obstacles and made recommendations to management on how to deal with these change issues.

As part of the implementation plans developed under the change management program, the project scheduled a series of on-the-job training (OJT) at clinics in three stages: adopt and start using the system, midterm review, and an exit plan. The project team conducted frequent visits to clinics to train and closely supervise the implementation of the new clinic performance management and HR procedures.

Clinic dashboards

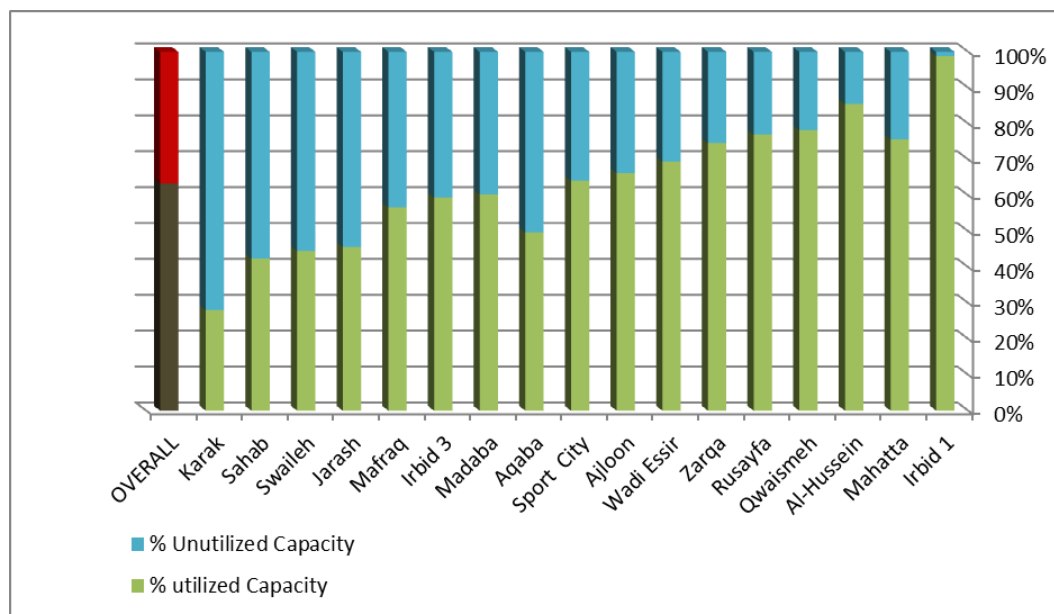
During year 2, the project continued to build JAFPP's capacity to improve organizational performance: the project broadened results-based management practices with the development of clinic dashboards, and by facilitating clinics to set their own quarterly KPIs as negotiated with management. The JAFPP/Ta'ziz team conducted clinic-by-clinic on-the-job training (OJT) on using KPI data for decision-making, problem solving, and service improvements. The JAFPP board approved in principle a performance-based bonus system for clinics and allocated JD 35,000 for this purpose in the JAFPP operating budget.



Clinic standardized process flow and appointment system

As part of the effort to refine JAFPP management systems, the project also conducted a process flow and capacity utilization study for JAFPP clinics. The study produced very important findings concerning the great potential JAFPP has to self-sustain its operations if it improves the utilization of its existing capacity. The study shows that with streamlined workflow and an appointment system that balances the workflow, JAFPP would not need to increase the size of its staff. Figure 2 below presents the utilized capacity per clinic and the

overall JAFPP utilized capacity based on the workflow and capacity analyses. Implementation of the standardized process flow at clinics will be a project major activity next year.



Maintenance management system

The project has also introduced a maintenance management system for JAFPP equipment and facilities. The system suggests seven policies covering inspection maintenance, preventive maintenance, corrective maintenance, maintenance communication, guidance and training on use of equipment, purchase of spare parts, and maintenance contracts. It also suggests the staffing and resources required to execute the function including outsourced maintenance services. If fully implemented, JAFPP is expected to reduce the cost of maintenance and renewal of equipment by 30%.

JAFPP bonus system

During year 2, the project continued to support JAFPP human development and management systems. It has facilitated the implementation of two bonus systems at the clinic level:

1. A post allowance for clinics outside the Amman area to improve attraction and retention of female physicians
2. A performance bonus system for reaching targets related to a) the total number of visits to the clinic, b) adherence to clinical guidelines, and c) client satisfaction with clinic services.

HR policy manual

In this year, the project also assisted JAFPP in gaining the Ministry of Labor's endorsement of its new HR policy manual, an important milestone. The Ministry of Labor's endorsement implies that the manual provisions are legal and form a mandatory reference for the JAFPP board of the directors and management with respect to the rights and duties of employees.

Governance and membership development assessment

The project conducted a governance and membership development assessment that reviewed the following:

- Level of implementation and compliance with the Delegation of Authority (DOA) document signed by the board and management in 2010
- The achievement of milestones within the *Systemic Capacity Building* process that are directly related to management and governance
- JAFPP membership development plan and background

The governance and management assessment found compliance with the DOA, and substantial improvement in governance and achievement of milestones. Key milestones include approval of the amended by-laws and Code of Conduct, implementation of the DOA, improvements in the organizational structure, development of standard operating procedures (SOPs) for key areas, substantial strengthening of the executive team as a decision-making and leadership body, and strengthening of the management information systems function. Overall recommendations call for a set of improvement opportunities identified for enhancing current organizational development efforts.

Key findings of the membership development assessment:

- The membership development function is incipient
- Recruitment of new members often appears to be driven by personal interests
- There is no member development and retention strategy
- There is no succession strategy/plan
- There is no database of current members

Recommended steps:

- Develop a member database
- Conduct a member needs assessment survey
- Align political support for membership development
- Formulate a new strategy for membership development

Clinic management capacity building

A comprehensive training plan was developed to strengthen the capacity of HQ staff, clinic managers, and clinic staff management. The plan was based on the training needs assessment conducted in year 1 and the training needs that emerged after starting the implementation of the new JAFPP management, governance, and HR procedures.

Focus of training in this year was clinic-based OJT and coaching. Topics covered were HRM procedures, job descriptions, and results-based management. Training was aligned with the change management program and the presentation of the relevant tools and procedures.

The table below presents the training provided to JAFPP during this year.

Training Topic	Description	Target Group	# Trained	Training Method
HRM procedures	Enacting and adhering to HRM procedures	All staff	115	Group OJT and coaching in clinics and HQ

Training Topic	Description	Target Group	# Trained	Training Method
SOPs for job descriptions and workflows	Enacting and adhering to standard operating procedures concerning job descriptions and workflows	Clinic staff	100	Group OJT and coaching in clinics
Results-driven performance management	Clinic dashboards, target setting, management of clinic performance	Clinic staff	100	Group OJT and coaching in clinics

With the aim of enriching and intensifying the training of JAFPP’s executive and clinic managers, an experienced local management-training firm has been contracted. The firm will continue the management training program in the next year.

The project and JAFPP have also completed a clinic management manual that sets the principles for providing high-quality client-centered care. The manual presents the general requirements for effective clinic leadership and management and a proper framework for work ethics including clients and community rights. This manual will be used during clinic management training and as a reference document.

Application for the King Abdullah II Award for Excellence

The project supported JAFPP’s application for the King Abdullah II Award for Excellence, a quality excellence award for NGOs in Jordan. The process kicked off with an awareness session for the JAFPP executive team and board members that highlighted the prestige of the award and how winning it could elevate the visibility and public perception of the Association. The JAFPP executive team has assumed full ownership of the award application process and it is committed to achieving best efforts to obtain the prominent award.

As part of the process, the project facilitated an organizational self-assessment that showed that JAFPP already complies with more than 70% of the award’s requirements. Findings of the compliance assessment informed development of an action plan with timings and assigned responsibilities. JAFPP managers are implementing the action plan and the project is following up and facilitating implementation as needed. The project is also supporting the documentation process.

Earning the award is a multi-year benchmarked process, where JAFPP has to first obtain the “Mark of Best Practice”, then the “Seal of Excellence”, and finally the King’s award itself. JAFPP has applied for the Mark of Best Practice and will submit its compliance report in November 2012. An assessment will be carried out four months later following the report submission and the Mark of Best Practice award will be announced by July 2013.

Female physician recruitment

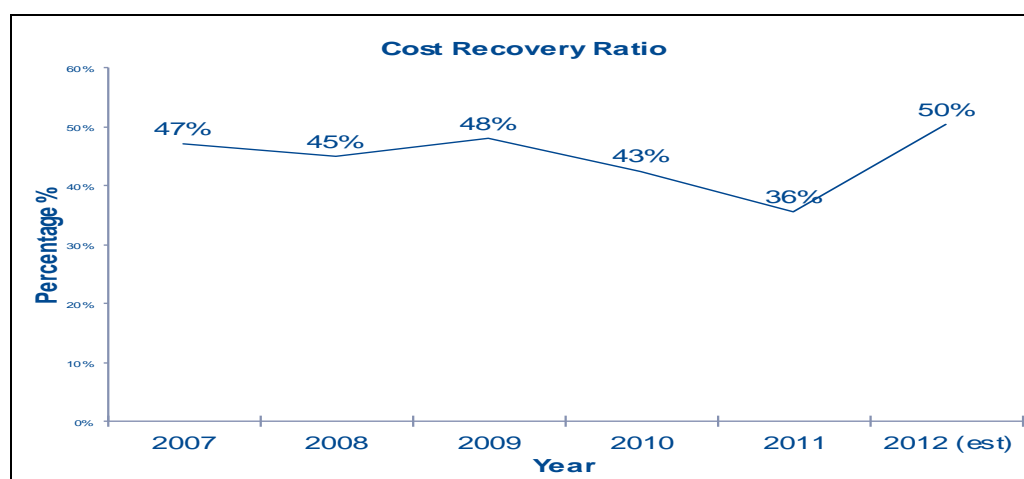
In the past, attraction and retention of female physicians has been a problem for the Association, especially in clinics outside of Amman. Indeed, some clinics have been closed for months at a time, and clinics in Salt and Tafila were closed permanently because of physician vacancies. To address this problem, the project has contracted a recruitment firm to provide the support to JAFPP over the next two years to recruit qualified female doctors in Jordan and the region on an as-needed basis. JAFPP management will be fully involved in the process to ensure ownership and understanding of how to manage an outsourced recruitment firm in filling difficult-to-fill physician vacancies.

A.2. Financial sustainability

A remarkable achievement during year 2 of the project was the approval of a new price list for all JAFPP services for the period 2012–2015. The upward price adjustments ranged from a 50% increase for some procedures to a doubling of prices for lab services, all starting in 2012. Afterwards, there will be an annual increase of around one JD for most procedures and services. According to a price comparison with service providers operating in the private sector, these new prices will allow JAFPP to remain competitive on a cost basis while staying true to its mission to provide affordable FP services to low income women. The new price list is aligned with the financial sustainability plan that calls for JAFPP to reach the breakeven point by the end of 2015, which would enable it to build its financial reserves using its own generated revenue.

The project is helping JAFPP towards financial self-sufficiency through a multi-faceted approach, including introducing new services, adopting business plans for JAFPP rental properties, and creating a safe but profitable investment plan for its reserves. In this year, the project completed the feasibility studies for five identified new services. The studies show that a pharmacy in the Aqaba clinic building, lab services in the Amman clinic and offering FP products for sale at a profit are feasible and easy to introduce.

In September, financial sustainability training was provided for the new JAFPP board of directors. This session reviewed JAFPP's financial history and 2012 progress. The training highlighted to the board that although the association's cost recovery rate dipped to 36% in 2011 (mainly due to the 20% salary increase that took effect in January 2011), the association is making progress toward achieving a 50% cost recovery rate in 2012 due to increased revenue generated from the increase service prices. The chart below shows JAFPP's historical cost recovery rate, with 2012 projections.



At the September board meeting, it was agreed to establish 2012 financial targets, to re-activate a finance and investment committee, and to pilot test new family planning products. The board also revised its finance manual to include a clause allowing for 10% budget line item flexibility.

Challenges and solutions

The election of a new JAFPP board with new board leadership introduced challenges as well as opportunities for the advancement of change at the JAFPP. The new board demonstrated

understanding of the need and a commitment to sustain the Association financially, which bolstered the project's financial sustainability efforts. On the other hand, the new board leadership perhaps in an effort to manifest an activist spirit has demonstrated a tendency to repossess authority that had shifted to executive management under the adopted DOA. In response, the project will undertake refresher training on JAFPP governance, DOA and board strategic management in year 3.

The lack of lines of accountability and poor internal communication were identified as important factors in the resistance to change. New changes sometimes are poorly communicated which creates reluctance to apply them and the lack of lines of accountability make it difficult to hold poor performing or resisting staff responsible or called to account for refusing to carry out management decisions. The project will tackle these issues in year 3 and will support the development of reforms and steps to improve accountability, internal communications, reporting and monitoring systems.

Experience at the clinics has illuminated clinic-specific issues that affect clinic performance. Such factors need to be acknowledged and tackled to help clinics improve their performance and meet their targets. In year 3, the project will allocate dedicated resources for performance management improvements at JAFPP clinics and will develop and test a clinic business planning process in pilot clinics as an approach to analyze each clinic's strengths, weaknesses, opportunities and challenges.

High payroll costs as a percentage of the JAFPP's total expenses (73%) remain a challenge for achieving financial sustainability. A key solution would be to boost clinic productivity up to the 35 client visits per day. Interventions that would help improve productivity and cost recovery include:

- 1) Continued implementation of the JAFPP staff bonus system that is designed to motivate clinic staff to improve their productivity and performance
- 2) Increased marketing of JAFPP services
- 3) Installing two doctors in clinics where there is sustained demand to manage 50-60 clients a day
- 4) Continued implementation of scheduled annual price increases

Headquarters productivity is also lower than expected, with overhead costs running at approximately 35% of total expenses as opposed to 20-25% in comparison NGOs. The project will work with the Association to develop interventions to measure and improve HQ productivity and reduce overhead as a percentage of overall operating costs.

Introducing clinic cost recovery KPIs and a salary scale with ceilings will help JAFPP control its expenses, including future increases in salary. Continued implementation of a performance bonus system may counteract possible staff dissatisfaction with salary ceilings and help keep staff motivated.

Highlights from Q4

In the fourth quarter, the project developed the JAFPP maintenance management system. The system includes a preventive maintenance routine, procedures and forms for corrective maintenance. It also suggests the staffing and resources required to execute the function including outsourced maintenance services.

Abt Associates' Dr. Carlos Cuellar, a recognized expert on health service NGOs, conducted a governance and membership development assessment. Dr. Cuellar assessed the level of implementation and compliance with the Delegation of Authority (DOA) document signed by the JAFPP board and management in 2010, assessment of the achievement of milestones within the elements of the *Systemic Capacity Building* process that relates to management and governance, and the JAFPP membership development plan and database. Dr. Cuellar recommended a range of actions to support current organizational development efforts.

In September, the project conducted financial sustainability training with the new JAFPP board of directors. This session reviewed JAFPP's financial history and 2012 progress. The training highlighted to the board that although the cost recovery rate dipped to 36% in 2011 (mainly due to the 20% salary increase that took effect in January 2011), progress is being made in 2012 to achieve a 50% cost recovery rate (which reflects JAFPP's increased revenue due to its January 2012 service price increases).

B. Increased access to and quality of private sector family planning services

Major activities in year 2

- Identified NWD training needs /preferences
- Developed six FP/RH training manuals
- Continued to roll out the comprehensive clinical training plan covering a wide range of FP/RH topics for JAFPP, network doctors (NWDs) and UNRWA
- Updated 12 performance checklists for clinical services and clinic processes to include numerical scoring
- Provided coaching and assisted JAFPP supportive clinic supervision activities, which included utilization of performance checklists for quality monitoring and improvement and data generation including key performance indicators related to adherence to clinical guidelines
- Assisted development and implementation of updated medical waste management system at JAFPP clinics starting with the Sport City clinic
- In collaboration with Health Care Accreditation Council (HCAC) and the Jordan Health Accreditation Project (JHAP), helped JAFPP close gaps in requirements for accreditation including documentation, infrastructure, and practices (e.g., waste management)
- Provided NWDs with IEC material, clinic equipment, donated contraceptive supplies from the MoH, and opportunities to participate in evidence-based medicine (EBM) roundtable discussions on FP topics
- Supported pharmacies as frontline providers of contraceptive methods through academic detailing visits, EBM seminars, posting of critically appraised topics (CATs) and other family planning information on the Jordan Pharmacists Association (JPA) website, and a promotional quiz for pharmacists
- Procured and renovated JAFPP clinic properties

Key milestones achieved in year 2

- Supportive supervision visits at JAFPP increased dramatically, using the international standard quality monitoring methodology and scoring system
- Piloted an automated mobile phone client satisfaction survey, ready for full

implementation in year 3

- In collaboration with Health Care Accreditation Council (HCAC) and the Jordan Health Accreditation Project (JHAP), supported accreditation preparedness activities at JAFPP Sport City clinic, including medical waste management
- Finalized clinic management guidelines
- Developed critically appraised topics (CATs) on DMPA, IUDs and reviewed and updating CATs on oral contraceptive pills through the Jordan Evidence-Based Medicine/Reproductive Health (JEBM/RH) Group.
- Conducted 1,200 academic detailing visits to doctors
- Added 50 doctors to the private doctors' network
- Developed quality improvement program for NWD FP services including service monitoring methodology and action plan
- Procured 11 clinic properties and renovated 4 clinics

Progress

The project continued to refine quality improvement/assurance (QI/QA) systems and build capacity to implement them. Clinical and counseling training plans and activities were widened and enriched with new topics and methodologies in response to needs and preferences of participants. Quality assurance/improvement implementation plans at JAFPP had been under refinement throughout year 2. Building on the quality culture instilled in year 1, quality improvement activities were scaled up through strengthened supportive supervision practices assumed by the joint JAFPP/project team. Transforming the JAFPP's subjective quality monitoring methodology into an objective, data-driven system, clinic performance checklists and other explicit standards started to be utilized for quality monitoring. To measure client satisfaction, the project designed and tested a mobile phone client satisfaction survey, to be integrated into the health management information system (HMIS). The project expanded the private doctors' network to 170 member physicians and developed an approach for NWD quality monitoring. The project supported JAFPP with the purchase of 11 clinic properties through its subgrant and completed renovation of four clinics.

B.1. Clinic property acquisition and renovation

In year 2, Ta'ziz and the JAFPP achieved significant progress in purchasing and renovating clinic properties. With project support, JAFPP purchased 11 properties through its subgrant. The project completely renovated four facilities following their acquisition and renovations commenced at another two recently acquired facilities in Karak and Rusaifeh.

Clinic Purchases

1. Jarash
2. Irbid
3. Hussein
4. Karak
5. Rusaifeh
6. Sahab
7. Sweileh
8. Byader
9. Mahata
10. Qwaismeh
11. Bayader Wadi Seer

Clinic Renovations

1. Sport City
2. Zarqa
3. Irbid South
4. Jarash

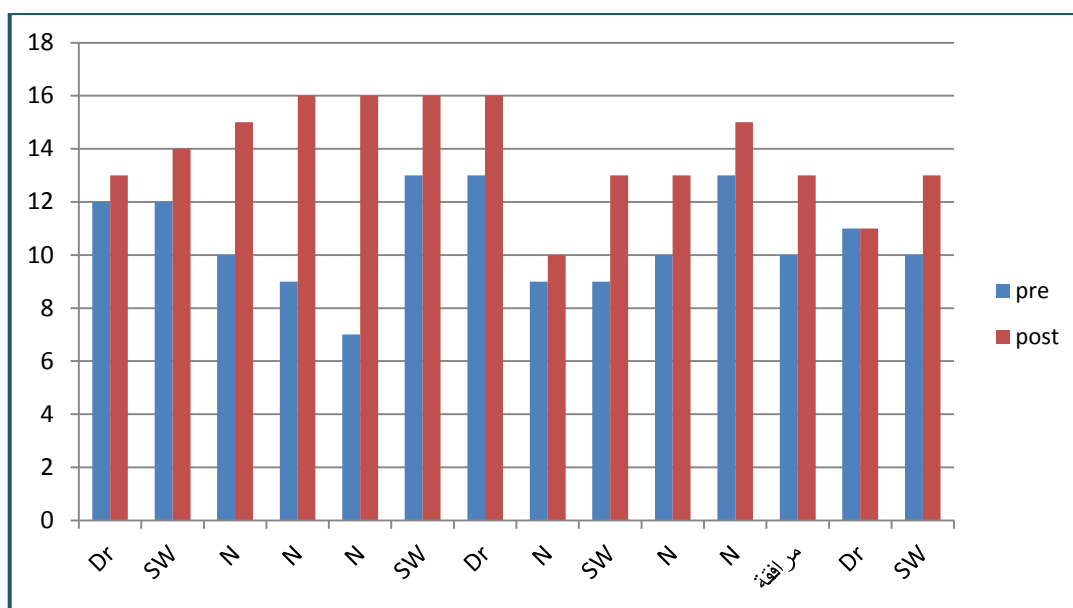
Ta'ziz arranged for delivery of earlier procured new medical/non-medical equipment, supplies and furniture to newly renovated JAFPP clinics and its stores.

B.2. Clinical and counseling training

The cross-sectional training plan developed in year 1 was updated based primarily on the emerging training needs of JAFPP and UNRWA and expanded further to accommodate the expressed needs and preferences of NWDs. Training modules were developed for eight new topics included in the year two training plan; three in house and five by certified local consultants, which were all consistent with the FP general principles of counseling and clinical care outlined during year 1. Training activities were designed to be interactive and containing several training styles preferred in adult learning such as group work and case studies. Nationally recognized training institutions and individuals were selected to provide most of training planned for doctors while project staff administered counseling training to ensure consistency of messages.

Training topics	Planned Trainees	Actual Trainees	Targeted Participants
COCs and POPs	110	132	JAFPP, UNRWA, NWDs, and CHWs
Hormonal method counseling for nurses/ midwives and social workers	60	61	JAFPP and CHWs
Reproductive tract infections for doctors and nurses/ midwives	115	53	JAFPP, NWDs, nurses/midwives (trained doctors only)
Community clinic partnership (JAFPP Friends)	0	14	JAFPP and Aqaba clinic "friends"
General FP counseling	75	108	JAFPP, UNRWA, NWD, and CHWs
Management of contraceptive side effects	0	12	JAFPP doctors
Implanon training (practical)	26	22	JAFPP
IUD (theoretical)	0	19	NWD, UNRWA
Ultrasound training (practical)	20	0	JAFPP, NWDs (postponed due to delay in JUH subcontract award)
Total	406	421	

Pre-post tests showed significant improvement in participant knowledge. Observations during supportive supervision visits after oral contraceptive training activities revealed positive attitude change especially toward hormonal contraceptives in general.



B.3. EBM approach to enhance capacity of FP providers

In year 2, Jordan EBM/RH Group members developed 28 CATs on IUDs, and reviewed and updated 14 CATs on combined oral contraceptives (COCs). The group worked closely with Mr. Michael Thomas, an international EBM expert, who conducted a training program on CAT development earlier in the year and provided continuous technical support. The project is conducting an EBM impact evaluation measuring changes in knowledge and attitudes of physicians based on exposure to EBM interventions (roundtables and academic detailing) focused on DMPA. The project conducted six DMPA round table discussions attended by 117 NWDs. In addition, the project conducted 1,200 academic detailing visits to 300 doctors to discuss CATs on DMPA and combined oral contraceptives (COCs) derived from EBM.

B.4. FP/RH service quality assurance and improvement

At JAFPP, the project continued with its approach for clinical quality improvement with a new focus on capacity building to ensure reliable implementation of the JAFPP upgraded quality assurance/improvement system initiated in year one.

The JAFPP/Ta'ziz team developed and it has started using four objective checklists during supportive supervision visits. The checklists are part of a quantitative scoring system, which will become part of the new health management information system (HMIS).

Indicator	Weight	Responsibility
Adherence to clinical guidelines	50%	JAFPP medical director and Ta'ziz QA team
Adherence to infection prevention and medical waste management procedures	30%	JAFPP QA manager and Ta'ziz QA team
Completeness of clients' files and clinic records	10%	JAFPP QA manager and Ta'ziz QA team
Respect to client privacy and confidentiality	5%	JAFPP QA manager and Ta'ziz QA team
Proper housekeeping	5%	JAFPP QA manager and Ta'ziz QA team
Total	100%	

With the project's technical support and hands on coaching, JAFPP managers have dramatically increased their supportive supervision visits, visiting each clinic at least once per

quarter.

Throughout year 2, the project continued its informal technical support for quality improvement at UNRWA by distributing and promoting performance checklists to providers during training sessions, and sharing quality improvement tools and methodologies developed for JAFPP with the UNRWA Jordan health field officer.

The project worked extensively with NWDs to develop a QA/QI methodology that would be unobtrusive, not place a burden on the doctors' time, yet result in information useful to monitor and improve quality of care. In the end, all agreed on a system by which opinions about quality of service could be gained by contacting clients by phone, eliciting community health workers' feedback and obtaining self-reported information from NWDs through vouchers.

B.5. Private network doctors program

In year 2, the project reached its goal of adding 50 doctors to the private doctors' network, which now comprises 170 members. The project conducted quarterly academic detailing visits to discuss critically appraised topics for contraceptive methods and to distribute patient education materials and provider tools. Select NWDs provided lectures to women in refugee camps and appeared on TV and radio talk shows to discuss oral contraceptive pills (OCPs) and FP during the first phase of the OCP social marketing campaign. The project provided NWDs with examination lamps to support IUD and FP/RH services and as a membership reward. The project hosted two biannual meetings for NWDs to update them on contraceptive methods and project support activities. In the first meeting, Bayer Schering Pharma presented a lecture on combined oral contraceptives and Ta'ziz provided a comprehensive project overview and plans for training and continuous medical education efforts. In the second meeting, Ta'ziz provided an overview of the outreach program and the OCP campaign, and it invited discussion on ideas for boosting demand for NWD services.

B.6. Pharmacist program

Project detailing staff conducted 1,200 detailing visits to 400 pharmacies located in high population density areas in Amman. During these visits, staff discussed the following critically appraised topics (CATs) with pharmacists centering on COCs, the most commonly dispensed FP method at pharmacies:

- *Combined oral contraceptives are safe and effective in the treatment of moderate facial acne in women*
- *There is no association between use of a combined oral contraceptive and infertility*
- *There is no strong evidence supporting an association between COCs and weight gain*

The pharmacy detailer also provided family planning brochures and recipe booklets to pharmacies for their clients. In cooperation with the Jordan Pharmacists Association, the project conducted 10 EBM seminars for 855 pharmacists in Irbid, Aqaba, Balqa, Zarqa, and Amman governorates. In addition, the project posted CATs on the JPA website. In July, the JPA conducted an informational quiz for pharmacists who attended the seminars. Pharmacists who answered the questions correctly had their names entered into a drawing and three lucky winners received prizes.

Challenges and solutions

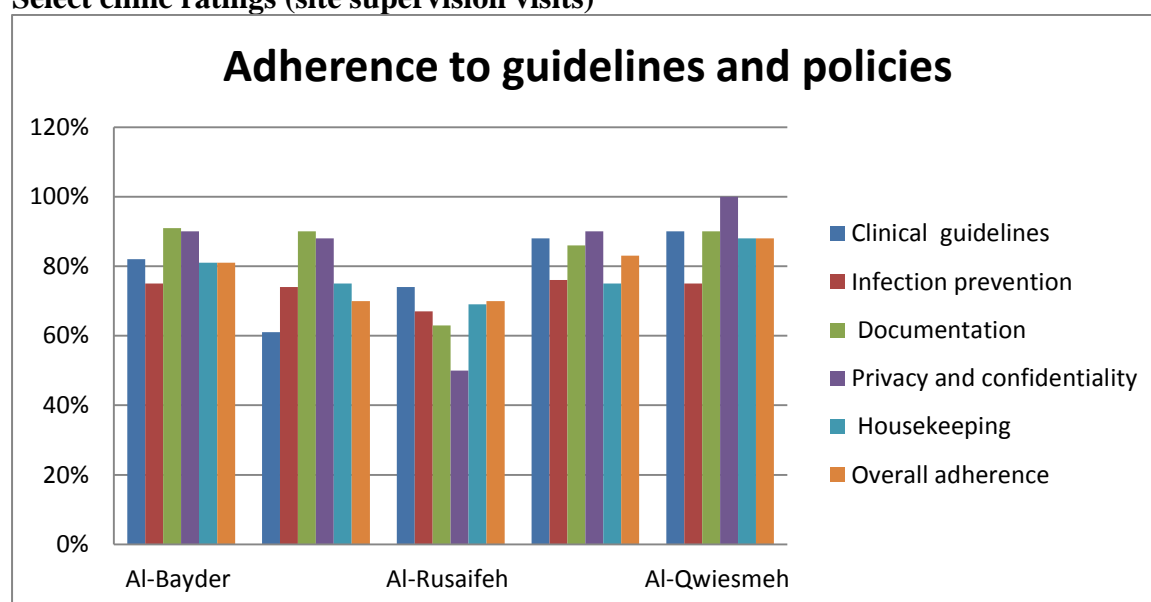
The project attempted to continue the public-private partnership initiated under PSP to make

Implanon® services available in the private sector, however it was unable to obtain “seed stock” from the MoH. This is unfortunate as the initiative was going extremely well in Zarqa through 12 NWD clinics, which administered 140 Implanon insertions in a five-month period from February to June 2012. The MoH has assured the project it will be able to resume its Implanon® donations beginning in November 2012.

Highlights from Q4

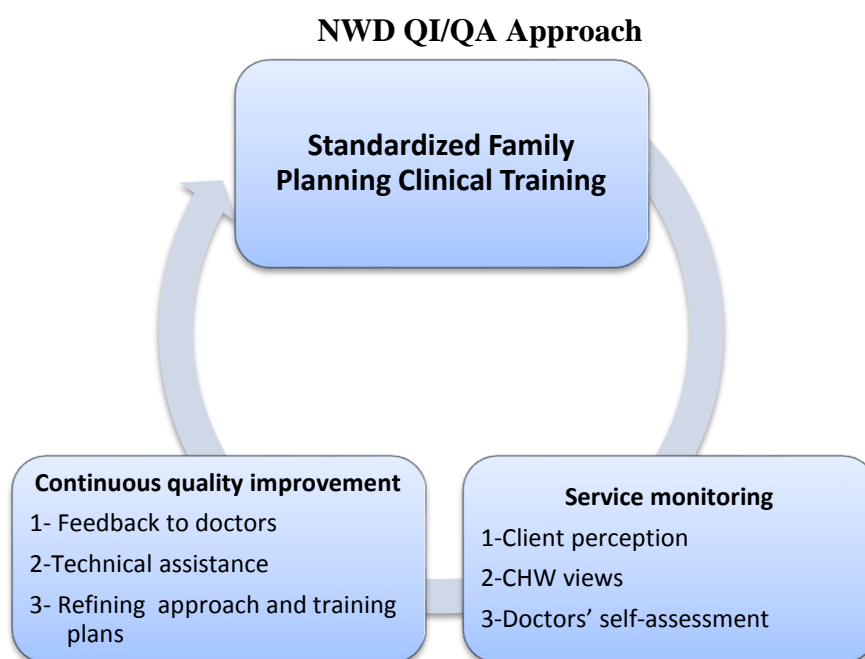
Supportive supervision visits are reaching scale and generating data for continuous clinical quality improvement interventions at clinic and central levels on the one hand and for rewarding good performance on the other.

Select clinic ratings (site supervision visits)



In collaboration with Health Care Accreditation Council (HCAC) and the Jordan Health Accreditation Project (JHAP), accreditation standards related to documentation and policies have been finalized for JAFPP Sport City clinic, institutionalized, and currently are being adopted by all JAFPP clinics.

In quarter 4, the project in collaboration with select NWDs agreed on a QA/QI approach, monitoring methodology, implementation plan, and tools and job aids for family planning service provision.



C. Increased demand for family planning products and services in the total market

Major activities in year 2

- Conducted marketing needs assessments for renovated JAFPP clinics
- Produced detailed marketing plans for JAFPP clinics based on assessments
- Developed JAFPP institutional repositioning and PR strategy, gained board approval
- Developed and launched the first phase of an integrated social marketing campaign to promote the use of OCPs
- Engaged user groups NWDs, JAFPP, and CHWs to review needs, rationalize and develop IEC materials, job aids and marketing materials
- Completed focus group research on new injectable methods – Cyclofem® and Depo-Provera® subQ in Uniject
- Distributed FP service vouchers through community outreach
- Conducted negotiations with health insurance providers about developing a pilot for including contraceptive coverage in their health insurance plans

Key milestones achieved in year 2

- Kicked off the JAFPP clinic marketing plan with two family fairs to promote the newly renovated JAFPP Aqaba and Irbid South clinics
- Facilitated the grand reopening of the Sport City clinic under the patronage of the MoSD and USAID
- Implemented first phase of comprehensive social marketing campaign for OCPs:
 - 42 newspaper ads in Al Rai, Dustour, Al Arab Yawm, Al Ghad, and Al Waseet
 - Five monthly magazine ads in Layalina, Green Apple, Sharqyat, Anty, Nukhat 3a'ilyeh
 - 558 TV spots on Jordan TV and Fact Jo TV

- 1,038 radio spots on Mazaj, Rotana, Amman FM, Radio Al Balad, Farah Al Nas, Ayyam FM, Sawt El Ghad FM, Hayat FM, and Hala FM stations
- Public relations
- Pharmacy merchandising
- Public outreach
- Formed corporate partnerships with Johnson & Johnson (J&J), Pharmacy 1, and Nuqul Group (Nana® hygiene) that provided support for the OCP campaign public outreach activities (consumer gift donations)
- Introduced a “contraceptive choice” coupon system pilot test in two governorates
- Conducted FP information dissemination and counseling to 181,441 women in their homes through community outreach

Progress

C.1. JAFPP FP clinical services marketing support

In year 1, Ta’ziz improved the marketing presence of the JAFPP Aqaba clinic, “packaging” it with landscaping enhancements, large and visible outside banners, indoor posters, and wall dispensers filled with clinic promotional brochures and IEC materials. In year 2, the unified JAFPP and Ta’ziz social marketing team implemented community-based demand generation activities in earnest. The Aqaba JAFPP “Friends” network was reactivated through an orientation workshop conducted by the JAFPP social marketing manager with 15 selected women from the Aqaba community, who were given guidance on how to organize IEC sessions and detailing visits to pharmacies to promote Aqaba clinic services. A second workshop was organized in Aqaba with 27 representatives from government entities and civil society, to build constituency among local authorities and activists for the JAFPP mission and its FP services. JAFPP collaborated with two prominent women-centered NGOs, the Princess Basma Center and the Aqaba Women’s Committee Forum, which now promote FP and JAFPP Aqaba clinic services as part of its normal outreach activities. A MoU has been signed between JAFPP and the Women’s Forum Committee to formalize their partnership in outreach activities. Three JAFPP “Friends” network members were assigned to promotional detailing. They visited 33 pharmacies to promote the Aqaba clinic’s high quality premises and services, and setup displays of JAFPP informational brochures on clinic services and prices on pharmacy counters.

The Aqaba clinic family fair was a major marketing event that promoted the clinic facility and services through free services and entertainment programs. An opening ceremony was organized with government officials including the Aqaba governor’s representative, the director of religious affairs who delivered a supportive introduction sermon on Islam and FP, representatives from the Ministry of Interior/Family Protection Department, and the Ministry of Social Development. All NGO partners were involved in the fair activities and some generated income through snack booths. An estimated 250 people (mostly women, their children and some husbands) participated in the three-hour educational entertaining activities including a folklore band, comedy sketch, quizzes, and artistic shows.

The JAFPP social marketing manager with the support of Ta’ziz developed the Sport City marketing plan. The marketing plan implementation for Sport City headquarters clinic started in April after renovation and “packaging” of the clinic that included the setup of outside banners and totem signs, installation of IEC materials inside the facility, landscaping and cleaning of the building. The official reopening took place on June 5 under the patronage of the Minister of Social Development, with the USAID mission director, JAFPP president and

board members, and representatives from MOH, HPC, MOSD, Ministry of Awqaf, National League for Women Rights, UNFPA, and WHO in attendance. Publicity activities resulted in coverage of the event in five daily newspapers and in online media.

On-site marketing assessments for newly renovated clinics precede marketing plan development that take into account the following:

- Internal and external clinic environment for SWOT analysis
- Available areas to setup outdoor banners, posters, and setup displays for brochures
- Availability of LCD TV and DVDs and CDs on FP
- Assessment of existing IEC materials
- Quality of clinic outside environment including landscaping, cleanliness of entrance and street portion in front of the clinic
- Ideal, high visibility location for clinic directional “totem” sign
- Location of nearby pharmacies
- Location of street signs to show path to the clinic
- Assessment of JAFPP “Friends” network and other local NGOs and CBOSs that could support the JAFPP clinic
- Involving JAFPP “Friends” in planning and executing clinic promotion activities in the community

In year 2, JAFPP and Ta’ziz social marketing teams performed marketing assessments for the newly renovated Zarqa, Irbid South, Irbid Central and Jerash clinics. Ta’ziz also created a marketing plan template to support the JAFPP social marketing manager’s ability to develop standardized clinic marketing plans that address central marketing issues.

Based on the marketing assessments and the new template, marketing plans were developed for the Irbid Central, Irbid South, Zarqa, and Jerash clinics. Implementation started for Irbid South, which was the first clinic among these four clinics to start receiving clients, in the third quarter of year 2. The first marketing step was the “packaging” of the facility that included the installation of outdoor banners and indoor posters and IEC materials. A new marketing component was introduced in Irbid with local advertising of the clinic through newspapers and radio. The Irbid South clinic family fair attracted 250 participants for three hours of educational entertainment, beginning with an Islamic religious sermon on the importance of FP, followed by a comedy sketch and a rap song on FP and birth spacing, quizzes on JAFPP services and FP methods, folkloric dances and songs, and children’s entertainment that included a magic show. Two community health workers (CHWs) provided 22 counseling sessions at the FP counseling booths. Press releases highlighting the event were published in the main daily newspapers of Jordan. All fair attendees received a “welcome pack” that included branded giveaways and IEC materials on FP methods. Ta’ziz co-marketing corporate partners Johnson & Johnson (baby care), Nuqul Group (Nana® brand), and Pharmacy 1 distributed promotional giveaways and gifts. Over 70 women obtained free services at the clinic during the half-day event and others were requested to come back the following morning, as the two on-duty doctors could not respond to all the demand.

Ta’ziz facilitated introductory meetings between JAFPP and Save the Children concerning the initiation of parent and child centers (PCCs) in two JAFPP clinics. Though convinced the establishment of PCCs would add value and possibly boost demand at its clinics, JAFPP

management expressed concerns about additional workload the activity would represent and preferred to focus on reactivating the JAFPP “Friends” network as a clinic demand generation strategy. Ta’ziz therefore determined not to pursue the initiative any further.

C.2. JAFPP institutional repositioning and advocacy capacity building

In year 2, the JAFPP positioning strategy and PR plan were finalized and presented to the new JAFPP board of directors for discussion and approval. The strategy and the plan were also shared with HPP to identify joint areas for collaboration, such as key staff and board members’ training in advocacy and interaction with the media. JAFPP board members and management staff participated in an advocacy training session organized by HPP in early September, along with the Ta’ziz social marketing manager who provided technical support to the JAFPP team during the training sessions.

C.3. National method-specific social marketing campaigns

Oral contraceptive pill campaign

For a three-month period from late February to late May 2012, Ta’ziz implemented a successful integrated social marketing campaign for oral contraceptive pills (both combined oral contraceptives and progestin-only pills) that had a significant impact on private sector market sales. IMS pharmacy sales data showed year-on-year oral contraceptive pill sales spiked 33% for the period April-May during the peak of campaign. Sales dipped in June following the end of campaign in late May but shot upwards again 60% in July.

In addition, a campaign tracking survey also showed positive results. Spontaneous recall was 84 percent among 800 MWRA surveyed, surpassing the target of 65 percent recall. See the table below for other key data from the tracking survey.

OCP campaign tracking survey results, June 2012 (research firm: MEMRB/Nielsen)

Indicator	Result	Target
Approval		
Percentage of MWRA who agree that OCP are safe to use	84%	60%
Percentage of MWRA who agree that pills are more effective than traditional methods	86%	N/A
Percentage of MWRA who agree that pills do not affect their fertility	81%	N/A
Percentage of MWRA who agree that the “breastfeeding pills” are safe for their babies	81%	N/A
Intention		
Percentage of never users of any FP method who intend to use OCP	30%	N/A
Percentage of traditional methods’ users who intend to shift to OCP use	22%	N/A

Also in the campaign’s first phase, Johnson & Johnson, Nuqul/Fine, Pharmacy 1 and Jordan Volunteers provided consumer gifts and in-kind contributions valued at over US \$14,000 for public outreach events in shopping malls/centers, refugee “camps” and other public places. In return, these partners were able to promote their products and services in a limited way at the events, which attracted increased traffic to booths promoting oral contraceptive pills and family planning.



Corporate marketing partner giveaway items

Mass media advertising

Advertising placed in TV, radio, print and indoor/outdoor media as follows:

- 42 newspaper ads in Al Rai, Dustour, Al Arab Yawm, and Al Ghad, and Al Waseet
- Five ads in the monthly magazines Layalina, Green Apple, Sharqyat, Anty, Nukhat 3a'ilyeh
- 558 TV spots on Jordan TV and Fact Jo TV
- 1,038 radio spots on Mazaj, Rotana, Amman FM, Radio Al Balad, Farah Al Nas, Ayyam FM, Sawt El Ghad FM, Hayat FM, and Hala FM stations
- 42 TV ads on indoor network screens in hospitals, clinics, pharmacies, and supermarkets
- Giant outdoor electronic screen on the 7th circle
- Light boxes at 130 pharmacies



Newspaper ad placement

Public outreach

Eighteen “road shows” conducted in main “hypermarkets”, shopping malls and public areas across the kingdom reached an estimated 28,750 people, exceeding the target of 25,000. The road shows featured:

- Highly visible branded and multimedia equipped booth
- FP counseling provided by a skilled community health worker in screened privacy areas
- Regular FP and OCP quizzes conducted by a trained promoter to convey information to the public
- Frequent loudspeaker announcements communicating the benefits of FP and safety and effectiveness of OC pills
- Children’s play area and face painting
- Giveaways and gifts provided by corporate and NGO partners (Johnson & Johnson “EVA” bags, Pharmacy 1 water bottles, and various gifts provided by Jordan Volunteers)

Private network doctors (NWDs) gave ten OCP/FP lectures on OCPs at highly populated UNRWA camps in the north, middle, and south of Jordan. The talks reached nearly 1,300 women, exceeding the target of 1,000.

Media relations and publicity

The project organized media training for three physician spokespersons for the OCP campaign, Dr. Ommayah Dar Odeh, Dr. Sawsan Hamli, and Dr. Dima Al Hilu. Training

covered the delivery of OCP campaign key messages, media skills, learning the power of effective listening, and practical tips on handling media interviews. Network doctors participated in 10 TV and 14 radio interviews on leading TV programs such as *Yesead Sbatak*, *Yawm Jadeed*, and *Sehtak Beddunya*. Three press releases resulted in press coverage in leading newspapers *Al Dustour*, *Al Rai*, *Arab Al Yawm*, *Al Ghad* and in online media that included *Ammoon*, *Panet*, *Sawsana*, *Saraha News*, *Madina News*, *Petra Jordan News Agency*, and *Sama Al Ordon*.



Network doctors appear on TV talk shows to educate the public about OCPs and FP.

Social media

After a month, the campaign's Facebook page attracted almost 1,000 visitors. The page reached 56% males and 43% females. The most frequent age group visiting the page and posting "likes" and comments were 18 to 24 year olds. The next most frequently visiting group consisted of 25 to 34 year-olds. Comments by page visitors in these age groups indicated that they have very limited and often incorrect information about FP and modern contraception and they were excited to receive new information. Polls and contest announcements resulted in high reach and visitor engagements. The Facebook page (www.facebook.com/osritna) continued to generate traffic and provide information and visibility on the campaign with questions and answers, contests, and photos on the road shows and the TV broadcasts. Analytics for the Facebook page:

- The page achieved 1,528 likes.
- Number of people who engaged with page (unique users): 14,924
- People talking about the page: 7714
- Viral reach: 112,965 people saw the page or one of its posts from a story published by a friend

Point-of-purchase merchandising and information material distribution

The project commissioned the installation of point-of-purchase (POP) materials such as posters, danglers, rollups, and flyers in 1,420 pharmacies across the kingdom. The project targeted pharmacies in high population areas to ensure maximum impact. Merchandising efforts commenced prior to the media launch of the campaign to ensure the pharmacies were ready to receive demand from consumers. The project conducted training for all merchandising team members in order to assure that all pharmacists were well informed about the campaign goals and objectives and to assure that POP materials were installed and placed in a visible manner. The project also distributed 10,300 OCP brochures and leaflets to clinics and beauty centers.



IUD social marketing campaign

The project developed a creative brief for a social marketing campaign to promote the intrauterine device (IUD) as a long-acting reversible contraceptive (LARC). The project plans to launch the IUD campaign early in the second quarter FY13.

C.4. IEC materials and tools

In year 2, the Ta'ziz social marketing team engaged various IEC user groups including NWDs, CHWs, JAFPP and UNRWA in four focus group discussions to review and rationalize available FP IEC materials and tools in order to serve user and client needs better.

C.5. Expansion of contraceptive method choice

At the end of year 2, the project completed a qualitative research report summarizing focus group findings on MWRA, outreach worker and physician reactions and sentiments toward prospective new injectable contraceptive methods, the one-month combined injectable contraceptive (Cyclofem®) and the three-month Depo Provera® subcutaneous (SubQ) in Uniject system. In year 3, the project will initiate efforts to conduct a product trial(s) for at least one of these methods in collaboration with the MoH.

C.6. Consumer promotions

The project initiated a pilot test of a “contraceptive choice” coupon conducted in collaboration with the Jordan Pharmacists Association (JPA). Women redeeming the coupon at pharmacies receive a 30 percent discount on their choice of the range of OCP products, IUDs (including hormone-releasing Mirena®) and vaginal ring (NuvaRing®) that are available at the participating pharmacy. The project and JPA are conducting the pilot test in Jerash and Aqaba. The coupons are being distributed to women directly through doctors, as well as community health workers (must be endorsed by a physician (network doctor) prior to redemption at the pharmacy). When the pilot is completed, the project will carry out an analysis to evaluate the impact of this initiative on stimulating private market sales of contraceptive products and on expanding choice for Jordanian women. Based on the results, Ta'ziz will decide whether to adopt this approach for the remainder of the project.

Meanwhile, Ta'ziz continued implementation of the voucher program for FP services, reimbursing NWDs and JAFPP clinics for providing family planning services for women referred by community health workers.

C.7. Contraceptive insurance benefit

The HPC-spearheaded Reproductive Health Action Plan 2012 called for an initiative to include family planning coverage in a private sector health insurance scheme. To commence this effort, Ta'ziz in early 2012 recruited two consultants to conduct an assessment and to develop strategic and operational recommendations. Subsequently, the project initiated discussion with prospective insurance company partners to develop a two-year pilot program. Shortlisted potential partners in the private health insurance sector include Arab Eagle, MedGulf and MedNet (a third party administrator). The project also met two self-insured companies, Arab Potash and Housing Bank, which already cover contraceptive costs for their employees and spouses, to discuss collaboration on FP/contraceptive education programs and a way forward for measuring the cost-benefit of providing contraceptive coverage to their employees.

C.8. Community outreach

In year 2, the project commenced support of the nationwide community outreach program previously covered under PSP, with an exclusive focus on family planning. The cornerstone of the community outreach program is home-based visits to Jordanian women. The Circassian Charity Association (CCA) and General Union of Voluntary Societies (GUVS) continue as implementing NGO partners, with CCA covering the central and north regions and GUVS covering the southern region. During home visits, community health workers (CHWs) discuss the benefits of modern family planning methods, describe how each method works, and dispel misconceptions about modern FP methods. In addition to health education, the CHWs provide FP referrals to public and private/NGO (network doctor, JAFPP and UNRWA) health facilities and they distribute vouchers to low-income women for private (NWD) FP services, since many women prefer female providers they can find in the private sector.

In the first quarter of year 2, the government of Jordan's "local currency" program administered through MoPIC and the MoF funded CCA and GUVS' community outreach activities, thus leveraging project funds in a shared cost public-private partnership.

Outreach milestones achieved, year 2

Activity	Milestone Goals	Milestones Achieved
New women reached by CHWs	181,383 new women	181,441 new women
	126,968 MWRA	130,867 MWRA
Number of FP counseling visits	376,186 visits	385,339 visits
New acceptors of modern contraceptives	15,236 women (12% of MWRA)	18,671 women (14.2 % of MWRA)
FP referrals	25,000 received >50% acted upon	30,535 received >50% acted upon
FP vouchers	12,700 received > 50% acted upon	9,821 received > 50% acted upon

As indicated in the table above, CCA and GUVS conducted home visits to 181,441 new women, ages 15- 60 in the north, central and south regions of Jordan, out of whom 130,867 were MWRA. FP counseling visits including follow-up visits totaled 385,339 home-based sessions. The community outreach partners followed up with local MoH clinics, JAFPP clinics and private network doctors' clinics to ensure that appropriate facilities and care were provided to women referred through the program. The number of modern contraceptive method acceptors totaled 18,671 women, among whom 5,995 women began using IUDs, 6,258 began using OCPs, 394 began using Implanon® and 5,180 began using condoms. Over 9,800 poor high maternal risk women received vouchers for private FP services, which was below the planned number of 12,700. The project is addressing this issue with its partners to determine the reasons why voucher distribution is down and ways to increase it to low-income women who would prefer receiving FP services from private providers.

Training workshops were conducted to strengthen the technical capacity of community outreach staff. Training topics included reproductive health issues, family planning counseling, family planning modern methods, ante and post-natal care, and cervical cancer early detection. Special training emphasis was devoted to Implanon® counseling to serve clients' needs and to promote newly introduced Implanon® services made available through

trained private network doctors in Zarqa, for which an expansion is planned nationwide depending on the availability of stock. UVS commenced community outreach activities in Al Karak and Al Tafila governorates, after training and hiring 10 new CHWs. Two new GUVS offices are now operating at full capacity at Al Karak and Al Tafila.

Contraceptive campaign/clinic marketing support

CHWs were actively engaged in public outreach for the OCP social marketing campaign, providing one-on-one counseling to women and offering referrals to health service providers. They also supported JAFPP family fairs with on-site counseling efforts.



New counseling approach pilot

Given strong interest in involving men in family planning (consensus at the HPC-hosted 2011 national FP/RH symposium), Ta'ziz designed a pilot program comparing the impact of couples' counseling versus women-only counseling during outreach home visits. Ta'ziz will conduct a rigorous impact evaluation with a randomized control trial (RCT) study design of the two counseling approaches (women only vs. couples). The results of the pilot and impact evaluation will be used to guide future Ta'ziz programming. The results will also inform family planning programming in Jordan. SHOPS field support will fund the pilot and study.

Challenges and solutions

A major challenge encountered during year 2 in the JAFPP clinic marketing effort was the remobilization of the JAFPP "Friends network to generate community referrals for JAFPP clinics. The "friends" needed important training on FP in general and on JAFPP clinic services in particular. Moreover, efficient financial mechanisms to cover Friends' costs related to transportation and IEC venues had to be determined in detail between JAFPP and Ta'ziz. For year 3, Ta'ziz and JAFPP technical managers developed an annual plan for JAFPP "Friends" in 10 clinics, including an intensive training component. On the financial side, it was agreed that clinic SHWs would pursue the collection of bills and invoices in order to have the "Friends" reimbursed in an efficient timely manner.

Highlights from Q4

JAFPP FP clinical services marketing support

- Developed technical details and budget for outdoor advertising, systematic distribution of clinic promotional brochures through subcontracted professional services, and advertising placements in the weekly newspaper *Al Waseet* that has community versions for Amman, Irbid, and Zarqa
- Conducted marketing assessments for Sweileh, Hussein, and Rusaifeh clinics
- Advanced marketing plan implementation for Zarqa and Jerash clinics
- Finalized design of QA posters for all JAFPP clinics

National method-specific social marketing campaigns

- Developed plans and launched the second phase of the OCP campaign on September 14
- Developed creative brief for the IUD campaign and provided it to the project's advertising agency partner responsible for creative development

IEC materials and tools

- Finalized reassessment of available IEC materials and tools and prepared a creative brief, technical specifications and request for proposals for new material development and production

Monitoring, evaluation, and research

The following summarizes research and evaluation activities the project conducted in year 2:

- Completed voucher redemption analysis
- Completed MWRA tracking survey for the OCP social marketing campaign, first phase
- Completed focus group discussions to assess potential acceptance of new injectable FP methods, the one-month injectable Cyclofem® and the three-month Depo Provera® Subcutaneous (SubQ) in Uniject system
- Commenced EBM/RH impact evaluation using a randomized control methodology, completed baseline survey, completion scheduled in the first half of FY13
- Commenced pilot study of “contraceptive coupon” intervention to assess its impact, completion scheduled in the first half of FY13
- Commenced evaluation study to compare impact of counseling women along versus couples using a randomized control methodology; research protocol finalized, contracts concluded with outreach partner and research firm, screening and survey instruments and data collection tools all completed, fieldwork to commence in first quarter FY13.

To ensure precision, reliability, and timeliness of monitoring of project activities, the project refined existing monitoring systems and further developed systems and tools, including the following:

- Monthly dashboard to track key performance indicators
- EBM detailing visit checklist, monitoring form, and database
- Training monitoring database
- NWD voucher redemption monitoring database
- Marketing event monitoring database
- NWD quality monitoring plan and tools

In addition, to ensure the validity and integrity of all collected data, the project implemented quarterly data quality audits. The data quality audits systematically examine data entry, storage, and analysis, ensuring high quality, useful information for the project.

Project management, administration, and finance

Human resources

Staff transitions

The following staff transferred from part-time or fulltime roles on the Jordan Private Sector Project for Women's Health, which ended in January 2012, to fulltime roles on the Ta'ziz project (Ta'ziz designation in parentheses):

- Dr. Maha Shadid (deputy chief of party)
- Osama AbdelRazik (finance and operations manager)
- Ansam Bizzari (outreach program manager)
- Shirin Al Adwan (private/public alliances manager)
- Nisreen El Tell (communications manager)
- Arwa Bustami (project coordinator)
- Iten Ramadan (senior training advisor)
- Lubna Al Weshah (program/IT specialist)
- Manal Saudi (senior finance assistant)
- Randa Ahmad (marketing field coordinator)
- Suzan Al Rahahleh (senior finance and operations officer)
- Hazem Rajeh (driver)
- Safinaz Al Shayeb (operations assistant)
- Abeer Abu Hajeh (receptionist/office administrator)

New staff hires

- Nemat Sa'ad, Procurement and Contracts Officer
- Lina Obeid, QA/QI Coordinator
- Medical Representative, Dalal Al Masalha
- Pharmacy Representative, Mais Halaiqah

Staff departures

Dr. Nagham Abu Shaqra, QA Specialist and Medical Advisor, left the project in January 2012 to assume the position of country director for Futures Group International and director of the Health Policy Project in Jordan.

Recruitment

The project is recruiting actively for an "organizational development specialist" to support the JAFPP management and governance strengthening program component. It expects to fill the position in the first quarter of FY13.

Financial summary

Summary Line Items	Total Q4	Total FY 12
I. Home and Site Office Labor	236,393	1,519,686
II. Fringe Benefits	103,899	656,897
III. Overhead	83,539	507,332
IV. Consultants	22,973	263,822
V. Travel and Per Diem	48,527	206,674
VI. Allowances	54,272	549,097
VII. Equipment	99,417	378,182
VIII. Other Direct Costs	276,814	1,017,587
VIII. Subcontractors	1,005,370	4,662,088
IX. Handling Charge	23,683	136,538
X. General and Administrative	142,264	866,518
XI. Total Costs	\$2,097,149	\$10,764,419

BUDGET FOR FY12 as IN WORKPLAN	\$11,159,738
BALANCE BUDGET	\$395,319
TOTAL ESTIMATED COST	\$33,362,336
OBLIGATED FUNDING	\$16,550,000
PIPELINE	\$5,785,581